## INTENT TO ENROLL FORM

Purchaser's Name	Contract Number
Beneficiary's Name	Beneficiary's Social Security Number
STUDENT MAILING ADDRESS  Street Address (include apartment number)	
City State	Zip
Daytime Phone (Area Code and Number)	Evening Phone (Area Code and Number)
Please return form even if benefits are not being used.	
☐ PLEASE CHECK HERE IF BENEFITS ARE <u>NOT</u> BEING USED THIS YEAR	
Student intends to enroll in	
City State	z Zip Phone number
Community College College/University Other Eligible Institution  Please check here if you are transferring to this school  Beginning in the: (Please check one of the following and circle the corresponding year.)  Fall semester of 2005 2006 2007  Spring semester of  Summer session of	
INFORMATION RELEASE AND REFUND CERTIFICATION  In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned Purchaser and Beneficiary authorize the Nevada Prepaid Tuition Program and the school listed above to disclose to each other personally identifiable information, including the Beneficiary's Social Security Number and any other account or invoice information necessary to make payment arrangements. The undersigned certify that the information provided on this form is true and correct to the best of their knowledge and belief. The undersigned understand that non-qualified distributions are subject to penalty. The Purchaser and Beneficiary agree to notify the Nevada Prepaid Tuition Program immediately in writing of any refunds related to any distributions from this account.	
Beneficiary's Signature	Purchaser's Signature

PLEASE RETURN THIS FORM NO LATER THAN June 16, 2005, to State Treasurer Brian K. Krolicki, Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101, or fax to 702-486-3246. Failure to return this form by the date indicated may result in a delay in the processing of your distribution.